

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213529964			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Virginia Intermont College</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: E CLORISA PHILLIPS OFFICE OF THE PRESIDENT 1013 MOORE STREET BRISTOL, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: BRISTOL CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 6/30/2013</p> <p>SCC ID NO: 00233031</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1013 MOORE STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: BRISTOL, VA 24201</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: E CLORISA PHILLIPS TITLE: PRESIDENT ADDRESS: VIRGINIA INTERMONT COLLEGE 1013 MOORE STREET CITY/ST/ZIP/CO: BRISTOL, VA 24201 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: E CLORISA PHILLIPS TITLE: PRESIDENT ADDRESS: VIRGINIA INTERMONT COLLEGE 1013 MOORE STREET CITY/ST/ZIP/CO: BRISTOL, VA 24201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RICHARD CLINT HOPKINS TITLE: INTERIM CHAIR ADDRESS: 3045 MCVITTY FOREST DRIVE, #320 CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	KATHLEEN W. O'BRIEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR-ELECT		
ADDRESS:	P.O. BOX 190660		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37219		
NAME:	SUSAN S. STUART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5842 WINNBROOK DRIVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	ANTHONY F. TROY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICECHAIR-ELECT		
ADDRESS:	1001 HAXALL POINT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		
NAME:	WILLIAM T. WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	228 N. MAPLE AVENUE		
CITY/ST/ZIP/CO:	COVINGTON, VA 24426		
NAME:	MELINDA J. NELSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1381 HILLCREST DRIVE		
CITY/ST/ZIP/CO:	WATKINSVILLE, GA 30677		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ E CLORISA PHILLIPS	E CLORISA PHILLIPS, PRESIDENT	6/26/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			